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HEPATITIS

CLIENT NAME: _____ **Date:** _____

☐ Male ☐ Female Date of birth: _____ Height: _____' _____" Weight: _____

Tobacco Use: ☐ Never used ☐ Totally stopped Date stopped: _____ ☐ Use now Type of nicotine product: _____

Type of Coverage: ☐ Term ☐ UL ☐ Survivor **Type of Coverage:** ☐ Term ☐ UL ☐ Survivor UL

Coverage Amount: _____ **Anticipated Premium:** _____

FAMILY HISTORY

Has proposed insured had a parent, brother or sister who had cancer, diabetes, stroke, heart or kidney disease or who committed suicide?

If yes, use separate sheet to provide this information, including age of onset and date of death

PROPOSED INSURED'S EXISTING INSURANCE			
Full Name of Company	Face Amount	Year Issued	Is Policy to be Replaced?

1. Date of first diagnosis: _____

2. What type of hepatitis: ☐ A ☐ B ☐ C

3. Was the hepatitis due to:
☐ Hepatitis A ☐ Hepatitis C (non-A/non-B) ☐ Hepatitis B, resolved ☐ Hepatitis B, carrier or chronic infection
☐ Other, please specify _____

4. Please give the date and results of the most recent liver enzyme tests:
☐ AST/SGOT Date: _____ ☐ ALT/SGPT Date: _____ ☐ GGTP Date: _____
Result: _____ Result: _____ Result: _____

5. Does the client drink alcohol? ☐ No ☐ Yes; please give details _____

6. Please check if any of the following studies have been completed:
☐ Liver ultrasound or CT scan ☐ normal / ☐ abnormal
☐ Liver biopsy ☐ normal / ☐ abnormal
☐ No further evaluation

7. Has client been diagnosed with any of the following: ☐ Chronic hepatitis ☐ Cirrhosis

8. Was there any treatment done? ☐ No ☐ Yes; what type? _____

9. When did treatment start _____ and terminate _____?

10. Was treatment successful in eliminating the virus? ☐ No ☐ Yes

11. Is client on any medications now? (accurate name, dosage, and reason)

(Accurate) Name of Medication	Dosage	Reason

12. Does client have any other major health issues? (additional questionnaires may be required) ☐ No ☐ Yes; please give details

_____

_____

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FAMILY HISTORY (ADDENDUM)

CLIENT NAME: _____ **Date:** _____

☐ Male ☐ Female Date of birth: _____ Height: _____' _____" Weight: _____

1. Has the proposed insured had relative(s) with any of the following:

☐ Parent

Has had: ☐ Cancer ☐ Diabetes ☐ Stroke ☐ Heart disease ☐ Committed suicide ☐ Other (explain below)

Age of onset: _____ Date of death: _____

☐ Brother

Has had: ☐ Cancer ☐ Diabetes ☐ Stroke ☐ Heart disease ☐ Committed suicide ☐ Other (explain below)

Age of onset: _____ Date of death: _____

☐ Sister

Has had: ☐ Cancer ☐ Diabetes ☐ Stroke ☐ Heart disease ☐ Committed suicide ☐ Other (explain below)

Age of onset: _____ Date of death: _____

2. If yes to any of the above, please provide details/information

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